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**Message:**

PLEASE DELIVER THE ATTACHED OFFICIAL AMENDMENT UNDER 37 C.F.R. §1.111 TO EXAMINER MICHAEL ARAJ,  
ART UNIT 3732 FOR APPLICATION NO. 10/615,417, FILED JULY 8, 2003.

Ref: 29914-703.201

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PAGE 1/26 \* RCVD AT 9/16/2005 2:30:36 PM [Eastern Daylight Time] \* SVR:USPTO-EFAXF-6/27 \* DNIS:2738300 \* CSID:650 493 6811 \* DURATION (mm-ss):07-16

SEP 16 2005

PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031

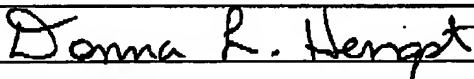
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/615,417
		Filing Date	July 8, 2003
		First Named Inventor	David Stinson, et al.
		Art Unit	3732
		Examiner Name	Michael J. Araj
Total Number of Pages in This Submission	25	Attorney Docket Number	29914-703.201

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	WILSON SONSINI GOODRICH & ROSATI		
Signature			
Printed Name	Cecily Anne O'Regan		
Date	September 16, 2005	Reg. No.	37,448

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Signature			
Typed or printed name	Donna L. Hengst	Date	September 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Sep. 16. 2005 11:35AM

WILSON SONSINI

SEP 16 2005

No. 1773 P. 3/26<sub>2-04v2</sub>Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<i>Effective on 12/08/2004.</i> <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b>																																																											
<input checked="" type="checkbox"/> applicant claims small entity status. See 37 CFR 1.27.		Application Number	10/615,417																																																										
		Filing Date	July 8, 2003																																																										
		First Named Inventor	David Stinson et al.																																																										
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		Art Unit	3732																																																										
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<b>METHOD OF PAYMENT</b> (check all that apply)																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>23-2415</u> Deposit Account Name: <u>Wilson Sonsini Goodrich &amp; Rosati</u>																																																													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																													
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayment																																																													
<b>FEE CALCULATION</b>																																																													
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td>\$0</td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	\$0	Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																						
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Reissue	300	150	500	250	600	300																																																							
Provisional	200	100	0	0	0	0																																																							
<b>2. EXCESS CLAIM FEES</b>																																																													
<b>Fee Description</b>							<b>Small Entity</b>																																																						
Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent							Fee (\$)																																																						
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							25																																																						
Multiple dependent claims							100																																																						
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103 - 77 or HP = <u>26</u> x <u>\$25.00</u> = <u>\$650.00</u>																																																													
HP = highest number of total claims paid for, if greater than 20																																																													
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10 - 5 or HP = <u>5</u> x <u>\$100.00</u> = <u>\$500.00</u>																																																													
HP = highest number of total claims paid for, if greater than 3																																																													
<b>3. APPLICATION SIZE FEE</b>																																																													
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>43</td><td>- 100 =</td><td>/ 50 =</td><td>(round up to a whole number) x</td><td>0</td></tr></tbody></table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	43	- 100 =	/ 50 =	(round up to a whole number) x	0																																												
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43	- 100 =	/ 50 =	(round up to a whole number) x	0																																																									
<b>4. OTHER FEE(S)</b>																																																													
Non-English Specification, \$130 fee (no small entity discount)																																																													
Other: _____ \$0																																																													

<b>SUBMITTED BY</b>		
Signature		Registration No. (Attorney/Agent) 37,448
Name (Print/Type)	Cecily Anne O'Regan	Telephone 650-493-9300
		Date September 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SEP 16 2005

Attorney Docket No. 29914-703.201

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application:

Inventors: David Stinson, *et al.*

Application No.: 10/615,417

Filed: 07/08/2003

Title: PROSTHESIS, TOOLS AND METHODS FOR  
REPLACEMENT OF NATURAL FACET  
JOINTS WITH ARTIFICIAL FACET JOINT  
SURFACES

Confirmation No.: 7968

Examiner: Michael J. Araj

Group Art Unit: 3732

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37 CFR §1.8

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AMENDMENT UNDER 37 C.F.R. §1.111

M/S Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

09/19/2005 HLE333 00000069 232415 10615417

01 FC:2202 650.00 DA

02 FC:2201 500.00 DA

Introductory Comments:

Applicants submit this Amendment in response to the Examiner's Non-Final Office Action mailed August 19, 2005. This Amendment is submitted prior to shortened statutory period for reply, which is set to expire November 19, 2005, therefore no extension fee is required to enter this Amendment.

Prior to reconsidering the application on the merits, please amend the application as follows:

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 3.

Applicants Remarks, in view of the Amendments, begin on page 18.